

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
Rafael Arden Jones, Sr.

COURT CASE NUMBER
16CV556 (GWG)

DEFENDANT
State of New York et al

TYPE OF PROCESS
Service of Summons & Complaint

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Evan Mele
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1st Precinct, 16 Ericsson Place, New York, N.Y. 10013

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

PRO SE: Rafael Arden Jones, Sr.
1765 Townsend Ave.
Apt. 5H
Bronx, NY 10453

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

(212)- 805 - 0175

DATE

8/3/16

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

P4

District of Origin

No. 054

District to Serve

No. 054

Signature of Authorized USMS Deputy or Clerk

[Signature]

Date

8/11/16

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

NA ☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

[Signature] Mele

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

9/21/16

Time

1300

☐ am
☒ pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

\$73.00

Total Mileage Charges including endeavors)

.54¢

Forwarding Fee

Total Charges

\$73.54

Advance Deposits

Amount owed to U.S. Marshal* or (Amount of Refund*)

\$0.00

REMARKS:

8/11/16 - Setup for mail service
9/19/16 - Set up for P/S

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/80

16-556-2 ✓